

OFFICE OF THE SURGEON GENERAL
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NEWS NOTES
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30 September 1945

SURGEON GENERAL URGES PROMPT RELEASE OF ELIGIBLE PERSONNEL

Major General Norman T. Kirk, The Surgeon General of the Army, expressed the desire that all commanding officers give the fullest possible cooperation towards effecting the early release of Medical Department personnel who are eligible for separation from the service under the announced policy.

At the same time he urged that all Medical Department personnel occupying key positions and who are eligible for separation under the present criteria volunteer to continue on active duty to assist in maintaining the present high standards of medical care if no replacement is immediately available. It is contemplated that a period of six months' duty will be sufficient time to allow for the arrival of a replacement or for training an officer to take over duties of key positions and thus allow all officers eligible for release to be returned to civilian life.

General Kirk requested that commanding officers make every effort to obtain replacements for Medical Department personnel eligible for release in order that those officers might be returned to civil life at the earliest possible moment.

Under the announced Medical Department demobilization policy, Medical and Dental Corps officers are eligible for release providing they meet any one of the following criteria:

- a. Adjusted service score of 80 or above.
- b. 48 years of age to the nearest birthday or above
- c. Entry on active duty prior to Pearl Harbor excepting critical specialists qualified in eye, ear, nose and throat, plastic surgery, orthopedic surgery, neuropsychiatry or laboratory clinicians. Officers qualified in these specialties are eligible for release if they entered on active duty prior to 1 January 1941 or if they meet the criteria on points or age.

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SURGEON GENERAL URGES PROMPT RELEASE OF ELIGIBLE PERSONNEL (Continued)

This revised policy on separation is expected to return 13,000 physicians, 3,500 dentists, 25,000 nurses and a large number of other Medical Department officers to civilian life by the first of the year.

It will be necessary to retain a large number of low score men in the service for replacement for overseas men having high ASR scores. Other low score men must of necessity be retained in the service to carry on the necessary activities of the Medical Department in this country and in theaters where American troops are operating.

It is intended that no one eligible for release will be held in the Army because there are men with higher scores overseas who have not been returned home. Eligible men will be discharged as rapidly as they can be processed for separation.

No enlisted personnel with a sufficient number of critical points will be kept because of "military necessity" except those very few men classified in one of three essential technical skills. These are: Orthopedic mechanics, electroencephalographers who operate electrocardiac equipment and radio transmitter attendants. The latter is not in the Medical Department.

TOTAL STREPTOMYCIN PRODUCTION ONLY FOURTEEN OUNCES A MONTH

The War Department said today that streptomycin, the new wonder sister drug to penicillin, was being used in thirty Army general hospitals over the country, but that it was so difficult to obtain that the total output of the four companies now making it has been only fourteen ounces a month.

Major General Norman T. Kirk, Surgeon General of the Army, said the Army was receiving many requests for the drug for use in treatment of urinary and other infections caused by gram-negative bacteria which do not respond to penicillin, but that these cannot be met since the Army neither controls the supply nor can get enough for its own needs in treatment of battle-wounded soldiers.

General Kirk said that the four companies, Merck, Upjohn, Abbott and Squibb were the principal manufacturers of the new product, but that other concerns were working at experimental production at pilot plants and that any civilian request for streptomycin naturally would go to these companies.

"The Army and Navy are purchasing only a part of available production," General Kirk said. "In August, twenty-eight ounces -- or 800,000,000 units -- were purchased. Joint Army-Navy expectations for September are 162 ounces, but it is anticipated that production will be not more than 70 ounces. It is hoped that Army-Navy procurement can be doubled in October -- for military needs alone now are about 2,000 ounces a month."

TOTAL STREPTOMYCIN PRODUCTION ONLY FOURTEEN OUNCES A MONTH (Continued)

A gram, or 1,000,000 units is the standard daily dose administered in three injections over a twenty-four hour period.

Production is limited severely because the drug is obtained from a natural fungus found in the soil and must be grown under carefully controlled laboratory conditions which cannot be hurried.

The phenomenal production of penicillin which brought it from a laboratory curiosity to a commonly-used drug and the price from astronomical figures to about a dollar a dose was due in part to pressure of wartime needs, the General pointed out.

"But," he added, "with the war ended and priorities a thing of the past, streptomycin does not have these advantages, thus working to some extent to hamper production, although industry is doing what it can do to supply the demand."

General Kirk explained that the Army's principal needs are for treatment of soldiers with severed spinal cords who develop urinary tract infections because of a loss of bladder function, and to some extent in treating some cases of meningitis and other infections which do not respond readily to penicillin therapy.

NEW SKIN DISEASE - ATYPICAL LICHEN PLANUS - ANNOUNCED

Studies of the occurrence of a new skin disease, which has been named atypical lichen planus and is known to the soldier as one of the varieties of "jungle rot", were recently announced by the Office of The Surgeon General.

Following the first Pacific island invasions, it became necessary to evacuate a growing percentage of men from battle areas because of skin diseases which are common in the tropics. Soon after the beginning of the Buna campaign in early 1943, a number of patients with a similar skin disease which was unfamiliar was noted. Further observation made it evident that a new disease was being encountered.

The first Army reports containing descriptions of this new disease, which came to be called atypical lichen planus, were submitted by two Army dermatologists in the Southwest Pacific -- Major Thomas Nisbet of Pasadena, California, and Lt. Colonel Charles Schmitt of Pittsburgh, Pennsylvania. Major Nisbet and Colonel Schmitt believed that atabrine, the drug which proved of such exceptional aid in reducing malarial attacks, was probably the underlying cause of the disease.

NEW SKIN DISEASE -- ATYPICAL LICHEN PLANUS -- ANNOUNCED (Continued)

Army doctors emphasize that the possible relationship of atabrine to atypical lichen planus does not reflect upon the usefulness of atabrine for the treatment of malaria. The skin disease has appeared only in about 2 or 3 per thousand of those in the Southwest Pacific who took atabrine regularly for some months. Atypical lichen planus apparently arises partly because of an unusual sensitivity to atabrine. Doctors are well acquainted with the fact that occasional individuals are sensitive to certain drugs such as quinine, the sulfa drugs, and even aspirin.

Although medical officers believe that atabrine is an underlying cause of the disease, they recognize that many other factors besides atabrine are probably contributory. These include skin injuries and irritations of many kinds, excessive exposure to sunlight, profuse perspiration, dietary deficiencies, and emotional and nervous factors. Older men have been found to be more susceptible than younger men, and the disease occurs among the nurses and WCs as well as among the men.

Medical officers soon learned to recognize atypical lichen planus in its early stages and are able to prevent it from spreading to other parts of the body. In all but a small percentage of cases the disease has cleared up under treatment. To relieve the public and the families of patients of unnecessary worry, Army doctors emphasize that atypical lichen planus is not contagious.

Atypical lichen planus gets its name from its resemblance to the well-known skin disease, lichen planus. The type of skin lesions in the disease differs with the patient. The disease usually first occurs in itchy, oozing, reddish or purplish patches on the skin. These patches may remain the same for several weeks or they may spread rapidly. Some patients develop a later stage in which raised scaly patches appear, often on the arms and legs.

Following the acute stage of the disease, the inflamed patches leave purplish or brownish areas and often cause a temporary closure of sweat glands with a consequent lowered heat tolerance. In some cases patches of hair are temporarily lost.

Special mention should be made of some of the many medical officers in addition to Major Nisbet and Lt. Colonel Schmitt who have been carrying on scientific studies of this skin disease. Lt. Colonel John Ambler of Denver, Colorado, Consultant in Dermatology in the Southwest Pacific, collected extensive information on the many aspects of the disease; Major Abner M. Harvey of Nashville, Tennessee, and his associates contributed to the impression that atabrine was an essential cause; and Major Lawrence Katzenstein of Baltimore, Maryland, made some of the early observations of the disease.

SIX PROJECTS FOR IMPROVEMENT OF ARTIFICIAL LIMBS

An intensified program for the improvement of artificial limbs which involves six separate projects will be undertaken by the Army in coordination with the National Research Council, according to an announcement by Major General Norman T. Kirk, Surgeon General of the Army.

In February of this year the National Research Council through its Committee on Prosthetic Devices, which comprises some of the country's outstanding scientists, started work on the problem of providing better arms and legs for amputees. Cooperating with this committee are the Veterans Administration, Navy, Army, National Bureau of Standards, Federal Security Agency and engineers from some of the nation's top industrial concerns.

The research activities of the Committee on Prosthetic Devices will continue along the same lines but the Army will give further cooperation in certain additional phases of the program. The plan of Army scientists is to complement what is being carried on under the National Research Council auspices.

The Army will conduct its research work at Army General Hospitals which are amputation centers. The presence in these hospitals of orthopedic surgeons who are handling these amputation cases and the clinical evaluation possible under such circumstances is expected to prove of definite value.

The aim of both projects is the general improvement in the quality of artificial limbs, more standardization of parts and the facilitation of production and fitting.

The six phases of the program in which the Army will devote its efforts include:

1. Further development and improvement of knee assembly and ankle assembly.
2. Investigation of materials for producing a cosmetic hand or for covering a mechanical hand.
3. Evaluation of usefulness of plastics in sockets or limb sections.
4. Broad study of metals and alloys used in fabrication of artificial limbs.
5. Investigation of fabrics and techniques of manufacture and fitting for prostheses at or below the ankle.
6. Production of a motion picture record of the Army amputation and prosthetic program.

Private industry will play an important part in this program. The Committee on Prosthetic Devices of the National Research Council contracts with individual concerns for basic research which is carried on in the laboratories of the company contracted.

SIX PROJECTS FOR IMPROVEMENT OF ARTIFICIAL LIMBS (Continued)

Northrup Aviation Company in California has done an outstanding piece of work in the improvement of a rotary wrist mechanism which gives an arm amputee far better use of the artificial hand. This work has been done in collaboration with Bushnell General Hospital at Brigham City, Utah.

The government authorizes payment for all expenses under these contracts and the Army through its amputation centers will afford every possible means of cooperation.

The War Department hopes to broaden this aspect of the project by enlisting the help of more industrial concerns which have the laboratory facilities to engage in such work.

An appropriation has been authorized sufficient to continue this Army project as long as The Surgeon General expects to have amputee cases in Army General Hospitals. There have been about 14,000 amputees in Army General Hospitals in this country since the beginning of this war. Of this total there are now about 8,300 amputees who are in the six amputation centers in Army General Hospitals.

Five percent of these cases represent battle veterans who have two arms or legs or one arm and one leg, nine are triple amputees and only two men have lost both hands and both feet. Approximately 95 per cent are men who have suffered the loss of one limb.

SKIN IRRITATION TESTS AT FORT LEWIS, WASHINGTON

Suitable allergy tests to determine the extent of skin irritation caused by woolen clothing impregnated with insect repellent are to be conducted at Fort Lewis, Washington, under the direction of Captain Harry Levitt, of the Dermatology and Allergy Department at Fort Lee, Virginia,

One hundred fifty soldiers who have volunteered for the test will be divided into three groups. Fifty will be equipped with untreated woolen uniforms, and will act as a control group. Another fifty will wear woolen clothing impregnated with a miticide preparation employing Tween-80 as an emulsifier. The uniforms of the third fifty will be impregnated with a miticide solution that uses tetrachloroethane as a solvent.

The results of the test, due shortly after 1 October, will be transmitted to the Preventive Medicine Service of The Surgeon General's Office, Sanitation and Hygiene Division.

GENERAL RANKIN IN TALK TO U. OF MICHIGAN ON WORK OF ARMY SURGEONS

A major factor in the Army's record of saving the lives of almost ninety-seven out of every hundred wounded men who reached a hospital was the quality of surgical care given these soldiers, Brigadier General Fred W. Rankin, Chief Consultant in Surgery of the Army Medical Department, told the graduating class of ASTP and V-12 students at the University of Michigan School of Medicine on September 15 at Ann Arbor, Michigan.

The lowered mortality rate in this war also was achieved because the highly qualified surgeons did their work without loss of time and also because hospital facilities staffed by specialists were placed near the front.

General Rankin said the average wounded man received his initial surgery at an evacuation hospital within ten hours of the time of his injury.

"In carefully selected cases," General Rankin added, "in which surgery was done at field hospitals the average time lapse was considerably less."

The efficient operation of the Army chain of evacuation made this possible. It starts at the time a man is wounded, and it is usually only a matter of a few minutes before the Medical Corpsman gives emergency treatment.

General Rankin explained that the Army's accomplishments were possible partly because of the method of assigning qualified specialists and also to the dissemination of information through the Consultants Division as to the best methods to be used under certain circumstances.

"The general principles of wound management were two-fold; initial debridement and delayed wound closure," the General continued. "The use of this method in the Mediterranean Theater of Operations resulted in primary healing in 95 per cent of the cases in which it was used and was attended with no loss of life or limb and with no serious complications."

Improved techniques reversed the ratio of deaths and survivals in abdominal injuries as compared with that of the last war. About sixty per cent of the casualties in the last war were fatal, while in this war sixty per cent of such casualties survived.

The so-called early nerve suture resulted in regeneration in eighty-five per cent of the cases in this war, according to the General. Another notable accomplishment in this war has been the reduction in the mortality rate in the dangerous cases, or the head, chest and abdomen wounds, which is only half as high as during the last war.

Reconstructive and rehabilitative surgery designed to correct the disfiguring consequences of battle wounds is achieving results "that can fairly be termed miraculous," General Rankin said.

GENERAL RANKIN IN TALK TO U. OF MICHIGAN ON WORK OF ARMY SURGEONS (Continued)

General Rankin, one of the outstanding surgeons in the country, and former president of the American Medical Association, awarded Army and Navy commissions to the ASTP and V-12 graduating members of the University of Michigan School of Medicine.

POLICY ON OVERSEAS ASSIGNMENT

Only Army doctors who have not yet been overseas will be given assignments in foreign theaters under the Medical Department policy, Major General Norman T. Kirk, Surgeon General of the Army has announced.

The same plan will be followed with reference to dentists, nurses, and other officers of the Medical Department, General Kirk said.

There will also be an age limit for any officer who is to be given an overseas assignment, ranging from 40 years as the maximum for doctors and dentists down to 30 years for nurses, dietitians and physical therapists.

Any officer who is sent abroad for duty in the Medical Department must be under the age shown in the table and must have a point score below that listed in the following:

<u>Corps</u>	<u>ASR</u>	<u>Age</u>
MC	45	40
DC	45	40
SnC	45	35
VC	30	35
MAC	30	35
ANC	12	30
MDD, PT	18	30

This revised policy on overseas assignments is part of the new separation program just announced by which more than 13,000 doctors, 25,000 nurses and 3,500 dentists will be released from military service by the end of the year.

CAPTAIN MARY L. BEN DURE OF VALLEY FORGE TRANSFERRED TO LOVELL GEN. HOSPITAL

Captain Mary L. Ben Dure of Fort Wayne, Indiana, Head Physical Therapy Aide at Valley Forge General Hospital, has been transferred to Lovell General Hospital, Fort Devens, Massachusetts.

Captain Ben Dure, a graduate of Oberlin College, was a physical therapist at Children's Hospital in Denver until 1942, when she entered an Army physical therapy training course at Walter Reed General Hospital, Washington, D. C. In 1943, with the opening of Valley Forge General Hospital, she became Head Physical Therapy Aide and has held that position until her recent transfer.

ARMY MEDICAL RESEARCH AND DEVELOPMENT BOARD FORMED

A board to be known as the Army Medical Research and Development Board was constituted in the Office of The Surgeon General on 1 September 1945. The Board is to be responsible for the planning and general supervision of all Medical Department research and development activities. Its membership will include the Chiefs of the various professional services and divisions of the Office of The Surgeon General; the Air Surgeon; the Ground Surgeon; the Chairman of the Division of Medical Sciences, National Research Council (by invitation); and the Chairman of the Committee on Medical Research, Office of Scientific Research and Development (by invitation). The Board has two operating divisions, the Research Division and the Development Division, to carry out its plans.

It is the intent of The Surgeon General to carry on an active program of research and development during the postwar period and the new Board should provide the means for maximum coordination of effort within the military service and cooperation with civilian and Federal research agencies. The immediate tasks facing the Board are three in number. Essential research must be continued in the existing Medical Department research and development laboratories in spite of the personnel difficulties of the period of demobilization. Plans must be made and implemented for the continuation or actual expansion of research and development in the postwar period. The demobilization of the Office of Scientific Research and Development necessitated finding other sponsorship for those CMR research contracts which warrant continuation even though hostilities have terminated. A sizeable group of these contracts will be taken over by the Medical Department and administered by the Army Medical Research and Development Board.

COLONEL DOAN GIVES UNIVERSITY OF ILLINOIS COMMENCEMENT TALK

The average sick or wounded soldier returning to the United States from combat areas spends about five and one-half months in the hospital, according to a statement made by Colonel Howard W. Doan, Acting Chief of Military Personnel, Surgeon General's Office, in a recent talk before the graduating class of medical officers at the University of Illinois.

"For many it will be longer, and treatment can not and will not be rushed," Colonel Doan pointed out. "They will continue to receive the ultimate in care. Illness and recuperation of wounded and injured men does not cease with the formal declaration of the end of hostilities on any front. The care of these men and women is a continuing responsibility of the Medical Department which will go on for many months in the future. It is our responsibility to recondition these men so that they may return to their homes and take their rightful place in society. Our soldiers must return to civilian life confident with the knowledge that their handicaps have been sufficiently overcome to enable them to work and enjoy life with practically the same energetic spirit and mental vigor which they possessed before they were wounded."

MAJOR GENERAL GEORGE C. DUNHAM SUCCEEDS NELSON ROCKEFELLER

Major General George C. Dunham, who has served in the Army Medical Corps since 1916, has submitted his resignation as President of the Institute of Inter-American Affairs and Deputy Director of the Office of Inter-American Affairs, due to reasons of health.

General Dunham will succeed Nelson A. Rockefeller as Chairman of the Board of Directors of the Institute.

The General's book "Military Preventive Medicine" has become a standard text. His fame as the "flying doctor of the Americas" is evidence of his average of 100,000 miles of airplane travel to visit more than 1,000 health, sanitation and food projects organized under his direction. For this contribution to inter-American relations, General Dunham was awarded the Distinguished Service Medal with a presidential citation in the early part of August. He has also received national honors from the governments of Brazil, Bolivia, Nicaragua, Chile, Haiti, and Peru.

General Dunham's successor, Colonel Harold B. Gotaas, Chapel Hill, South Carolina, was formerly Director of the Health and Sanitation Division of the Institute. Colonel Gotaas, who holds a Doctorate degree in Sanitary and Public Health Engineering from Harvard University, has received decorations from Chile and Bolivia in recognition of work similar to that done by General Dunham.

LT. COLONEL W. M. MURPHREE RETIRES AFTER THIRTY-FIVE YEARS SERVICE

Lt. Colonel William M. Murphree, MAC, Control Officer at Carlisle Barracks, Pennsylvania, was recently retired at his own request, terminating thirty-five years of service with the Army.

The Army career of Colonel Murphree, who is a native of Hickman County, Tennessee, includes World War I service in France, and service in the Philippines, Panama, and in the 1916 Mexican border expeditions.

Colonel Murphree plans to return to his home in San Antonio, Texas, where he will be associated with an ammunition company there.

BRIG. GENERAL ADDISON D. DAVIS AWARDS MEDICAL BADGES AT CARLISLE BARRACKS

The Medical Badge for satisfactory performance of duty was awarded by Brig. General A. D. Davis to 1st Lt. Oran C. Ogden, Jr., Parkersburg, W. Va., T/4 Cornelius A. Boyle, Summit Hill, Pa., and Pvt. Herman D. Green, Troy, N.Y., recently at Carlisle Barracks, Pennsylvania.

Lt. Ogden has served in North Africa, Italy, and Salerno. He wears the Purple Heart with an Oak Leaf Cluster and the Silver Star. Sgt. Boyle, once reported missing in action, has served in France. Pvt. Greene also holds the Purple Heart for wounds received in action at Venafro, Italy.

NEUROPSYCHIATRIC DISCHARGES IN ARMY NOW TOTAL 315,000

(Release after 8 October 1945)

The nation's total of soldiers who have been discharged from the Army for neuropsychiatric reasons has now reached 315,000, Brigadier General William C. Menninger, Director of the Neuropsychiatry Consultants Division of the Army Medical Department, said in a recent (October 8) talk before the New York Academy of Medicine.

Describing this problem as a "post war challenge to medicine", General Menninger expressed the hope that "physicians will prepare themselves to accept and treat what the Army medical officers discovered were among their biggest problems -- the emotional factors in the production of illness."

"With this understanding on the part of the physician," General Menninger said, "treatment must be directed towards integrating the individual into his pre-war identifications and satisfactions."

On the basis of the Army's experience with neuropsychiatric cases, which are referred to as combat exhaustion or combat fatigue, only about three to five per cent of the soldiers suffered reactions due entirely to fatigue. The condition of the great majority was primarily a personality disturbance and treated as such, he explained.

Upon induction into the Army a soldier faces an entirely different life which in certain cases produces sufficient stress in the individual to bring him to the psychiatric breaking point.

"Frustration," he pointed out, "was a daily part of the soldier's life, sometimes in the form of waiting days, weeks, months, sometimes in the deprivation of essential supplies.

Confusion was routine in his life and the noise and whistles and flares of battle are beyond the imagination of anyone who has not heard and seen them."

General Menninger said that essentially the response is the same when an individual fails to adjust himself to his situation in civilian life as it is when he finds he cannot meet the demands of Army life.

LT. COLONEL S. D. BLACKFORD RETURNS TO UNIVERSITY OF VIRGINIA

Lt. Colonel Staige D. Blackford, MC, who served thirty months in Italy and North Africa as Chief of the Medical Service of the 8th Evacuation Hospital and for the past two months as Chief of the Medical Service at Valley Forge General Hospital, has recently returned to his civilian position of Associate Professor of Internal Medicine in the Department of Medicine at the University of Virginia. A resident of Virginia, Colonel Blackford served in World War I and was presented the Croix de Guerre by the French government.

MEDICAL DEPARTMENT VETERINARIANS SAFEGUARD HEALTH OF ARMY WAR DOGS

The health of the Army's War Dogs, the responsibility of the Veterinary Division of the Army Medical Department has been maintained at excellent level, Brigadier General Raymond A. Kelser, Director of the Veterinary Division, has announced.

The Army Medical Department has done everything possible to give these dogs proper care, and though a wartime epidemic of rabies has been evident in civilian dogs, there have been no cases of rabies among Army dogs. Now recruits for the infantry scout dog platoons or any other service are given vaccines to prevent rabies, and, for dogs under two years of age, inoculations against distemper. Dogs eligible for discharge are undergoing a detraining process to prepare them for a peacetime life again. Dogs declined by their original owners will be put on sale by the Army, and the demand for them has already reached a total of 17,000 applications.

There have been 18,372 dogs donated to the Army, of which 1,939 are still on active duty, 7,525 have been returned to their owners, and 389 (declined by original owners) sold to suitable applicants. Casualties have been extremely low.

The outstanding achievements of War Dogs on the field of battle have more than justified the time and expense involved in training and caring for them. To date, individual dogs and infantry dog platoons have received a total of twenty-two citations for outstanding service in the line of duty.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL MORTON A. SEIDENFELD, MAC, formerly Clinical Psychologists from the Office of The Adjutant General, reassigned to Clinical Psychology Branch, Neuropsychiatry Consultants Division, Office of Surgeon General.

MAJOR ARTHUR A. HALLEVY, MC, formerly Professional Inquiries Unit, Professional Administrative Service, reassigned to Induction Branch, Physical Standards Division, Professional Administrative Service.

CAPTAIN LAWRENCE I. O'KELLY, MAC, formerly Clinical Psychologists from the Office of The Adjutant General, reassigned to Clinical Psychology Branch, Neuropsychiatry Consultants Division, Office of The Surgeon General.

1ST LIEUTENANT SAMUEL M. GOODMAN, MAC, formerly Training Division, Operations Service, reassigned to the Historical Division.

1ST LIEUTENANT GRAVES H. WILSON, MAC, formerly Liaison Branch, Supply Service, reassigned to the Historical Division.

1ST LIEUTENANT RICHARD E. YATES, MAC, formerly Supply Service, reassigned to the Historical Division

WAR DEPARTMENT AWARDS

The War Department has announced the following awards:

LEGION OF MERIT

ILLINOIS - Colonel John C. Fitzpatrick, MC, Chicago.

LOUISIANA - Colonel Robert Bradish, MC, New Orleans.

NEW YORK - Brigadier General Royal Reynolds, USA, West Point.

OAK LEAF CLUSTER TO DISTINGUISHED SERVICE MEDAL

ILLINOIS - Brigadier General Royal Reynolds, USA, Rockford.

WASHINGTON, D. C. - Major General Albert W. Kenner, USA.

BRONZE STAR MEDAL

TEXAS - Corporal William H. Barker, Spur.

SOLDIER'S MEDAL

PENNSYLVANIA - Major Benjamin Dickstein, MC, Philadelphia.

AMERICAN TYPHUS COMMISSION MEDAL

CONNECTICUT - Colonel Joseph F. Sadusk, MC, New Haven.

FLORIDA - Captain Raymond C. Bushland, SnC, Orlando.

MONTANA - Lieutenant Colonel Cornelius B. Philip, SnC, Hamilton; Major Glen M. Kohls, SnC, Hamilton; Captain E. John Bell, SnC, Hamilton.

PROMOTIONS, MEDICAL CORPS

Major to Lieutenant Colonel

EDWARD HARDING, Brookline, Massachusetts
CARL JOHN HAWLEY, Los Angeles, California
PAUL WESLEY HAYES, Hot Springs, South Dakota
HENRY REICHARD KAHLE, New Orleans, Louisiana
RICHARD HOOKER LAMBERT, Johns Hopkins Hospital, Baltimore, Maryland
HOWARD AVERY LINDBERG, Chicago, Illinois
WILLIS HARBAUGH ULRICH, Detroit, Michigan
WILLIAM ANTHONY WIESNER, San Antonio, Texas
FRANCIS WILLIAM WILSON, Luling, Texas
TOMMY RICHARD YOUNG, Mt. Carmel, Illinois

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL SAMUEL A. CHALLMAN, MC, of Minneapolis, Minnesota, formerly 9th Service Command, Redistribution Center, Santa Barbara, California, assigned to Neuropsychiatry Consultants Division, Deputy Director.

COLONEL WAYNE O. KESTER, VC, of Cambridge, Nebraska, formerly Overseas, assigned to Veterinary Division, Meat & Dairy Hygiene Branch.

LIEUTENANT COLONEL MARGARET AARON, ANC, of Allentown, Pennsylvania, formerly Overseas, assigned to Professional Administrative Service, Nursing Division, Nursing Policies Branch.

CAPTAIN GEORGE I. ALLEN, MAC, of Washington, D. C., formerly Third Service Command, Baltimore, Maryland, assigned to Professional Administrative Service, Medical Statistics Division, Health Reports Branch.

CAPTAIN ALLAN D. BASS, MC, of Syracuse, New York, formerly Medical Nutrition Laboratory, Chicago, Illinois, assigned to Preventive Medicine Service, Nutrition Division, Civilian Nutrition Branch.

CAPTAIN WILLIAM W. WUMKES, MAC, of Lenox, South Dakota, formerly Overseas, assigned to Personnel Service, Military Personnel Division, Assignments Branch.

1ST LIEUTENANT ANDRE B. BALLARD, MC, of New York, New York, formerly Camp Blanding, Florida, assigned to Preventive Medicine Service, Medical Intelligence Division, Analysis Branch.

1ST LIEUTENANT GEORGE I. SCHEFFELKER, MAC, of Stoughton, Wisconsin, formerly MDRP, MFSS, Carlisle Barracks, Pennsylvania, assigned to Office Service Division, Mail & Records Branch.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL WALLACE GRAHAM, MC, of Kansas City, Missouri, formerly Personnel Service, Overhead, to be assigned to Walter Reed General Hospital, Washington, D. C.

COLONEL MARTIN E. GRIFFIN, MC, of Iowa City, Iowa, formerly Supply Service, Office of the Chief, to be assigned to Army Medical Purchasing Office, New York, New York.

LIEUTENANT COLONEL LAMAR C. BEVIL, MC, of Beaumont, Texas, formerly Operations Service, Mobilization & Overseas Operations Service, Overhead, to be assigned to Separation Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL ALEXANDER F. LIPTON, MAC, of Brooklyn, New York, formerly Operations Service, Mobilization & Overseas Operations Division, Organization & Equipment Allowance Branch, to be assigned to Separation Center, Fort Dix, New Jersey.

LIEUTENANT COLONEL CARL C. SOX, MC, of Kenly, North Carolina, formerly Operations Service, Mobilization & Overseas Operations Division, Troop Units Branch, to be assigned to MDRP, Stark General Hospital, Charleston, South Carolina.

LIEUTENANT COLONEL IVY M. WADSWORTH, ANC, of Auburn, New York, formerly Personnel Service, Military Personnel Division, Army Nurse Branch, to be assigned to McGuire General Hospital, Richmond, Virginia.

(MORE)

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR GENERAL WARREN F. DRAPER, USA, of Washington, D. C., formerly Preventive Medicine Service, relieved from active duty.

LIEUTENANT COLONEL DON J. WOLFRAM, MC, of Indianapolis, Indiana, formerly Operations Service, Training Division, Readiness & Requirements Branch, to be assigned to Separation Center, Camp Atterbury, Indiana.

MAJOR FRANCIS A. CARDINAL, MAC, of Worcester, Massachusetts, formerly Chief, Personnel Service, Personnel Control Branch, to be assigned to ASF, Personnel Replacement Depot, Camp Beale, California.

MAJOR FRANK C. J. FIALA, SnC, of Philadelphia, Pennsylvania, formerly Supply Service, Stock Control Division, Requirements Branch, to be assigned to ANPO, New York, New York.

MAJOR GEORGE R. GREENWOOD, MC, of Sugar Notch, Pennsylvania, formerly Surgical Consultants Division, Chemical Warfare Branch, to be assigned to Separation Center, Indiantown Gap, Pennsylvania.

MAJOR THOMAS A. HART, SnC, of Carrolton, Georgia, formerly Preventive Medicine Service, Tropical Disease Control Division, Malaria Control Branch, to be assigned to Division of Health & Sanitation, Institute of Inter-American Affairs, Office of Inter-American Affairs, Washington, D. C.

MAJOR IRA D. HIRSCHY, MC, of Ann Arbor, Michigan, formerly Preventive Medicine Service, Sanitation & Hygiene Division, Field Reports & Survey Branch, to be assigned Overseas.

MAJOR HERBERT B. ROLLINS, MC, of Lampasas, Texas, formerly Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch, to be assigned to Separation Center, Fort Sam Houston, Texas.

MAJOR BERNICE J. SINCLAIR, ANC, of Franklin, New Hampshire, formerly Personnel Service, Military Personnel Division, Army Nurse Branch, to be assigned to Lawson General Hospital, Atlanta, Georgia.

CAPTAIN TED S. COOPER, MAC, of Steubenville, Ohio, formerly Operations Service, Special Planning Division, Demobilization Branch, to be assigned to Separation Center, Camp Atterbury, Indiana.

CAPTAIN EVAN A. EVANS, JR., of Moscow, Idaho, formerly Preventive Medicine Service, Occupational Health Division, Industrial Medicine Program Branch, to be assigned to Separation Center, Fort Douglas, Utah.

CAPTAIN GEORGE GORDON, MC, of New York, New York, formerly Preventive Medicine Service, Medical Intelligence Division, Analysis Branch, to be assigned to MDRP, Tilton General Hospital, Fort Dix, New Jersey.

CAPTAIN RICHARD H. GRAHAM, MAC, of Oklahoma City, Oklahoma, formerly Personnel Service, Military Personnel Division, Procurement Branch, to be assigned to Separation Center, Camp Chaffee, Arkansas.

CAPTAIN EDWARD B. HALL, MAC, of St. Paul, North Carolina, formerly Personnel Service, Military Personnel Division, Classification Branch, to be assigned to Separation Center, Fort Bragg, North Carolina.

CAPTAIN CLARENCE A. JENNINGS, MAC, of Lawrence, Michigan, formerly Supply Service, Purchase Division, Liaison Branch, to be assigned to Separation Center, Fort Sheridan, Illinois.

CAPTAIN LEWIS W. KLOCKNER, JR., SnC, of Trenton, New Jersey, formerly Preventive Medicine Service, Medical Intelligence Division, Analysis Branch, to be assigned to Separation Center, Fort Dix, New Jersey.

(MORE)

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN WILLIAM E. VOSSEN, MAC, of Willsboro, New York, formerly Office Service Division, Mail & Records Branch, to be assigned to Woodrow Wilson General Hospital, Staunton, Virginia.

1ST LIEUTENANT FLOYD J. BURCKHARDT, MAC, of St. Louis, Missouri, formerly Operations Service, Training Division, Readiness & Requirements Branch, to be assigned to Separation Center, Jefferson Barracks, Missouri.

1ST LIEUTENANT OLIVER J. GWIN, MAC, of Newtown, Indiana, formerly Supply Service, Storage and Maintenance Division, Maintenance Branch, to be assigned to St. Louis Medical Depot, St. Louis, Missouri.

1ST LIEUTENANT JOSEPH A. KEENEY, MAC, of Chester, Pennsylvania, formerly Army Medical Research & Development Board, Development Division, Liaison Branch, to be assigned to Army Medical Purchasing Office, New York, New York.

1ST LIEUTENANT JOHN C. McINNES, MAC, of Brooklyn, New York, formerly Supply Service, Stock Control Division, Requirements Branch, to be assigned to AMPO, New York, New York.

DEPARTURES, OFFICE OF THE SURGEON GENERAL